

PARTI

NAME(Last)

LOBBYIST

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

(First)

THIS SPACE FOR OFFICE USE ONLY

*06 FEB 16 A10:37 R-1

STATE OF HAWAII STATE ETHICS COMMISSION

TELEPHONE

LOBBYIST REGISTRATION FORM (Type or Print Clearly)

(Middle)

TELFER TER	eg G	153 6243			
MAILING ADDRESS (Street)	,	FAX			
1122 Mikole	57	FAX 841 4034			
(City)	(State) (Zip	Code)			
1122 Mikole (City) Honoluly	(4° 968)	19			
EMPLOYING ORGANIZATION (Fill in only if you are employ		TELEPHONE			
MAILING ADDRESS (Street)		FAX			
(City)	(State) (Zip	Code)			
PART II ORGANIZATION NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) TELEPHONE					
Reynolds Reeyc,	487 2802				
MAILING ADDRESS (Street)	FAX				
1122 MIKOLE	486 7753				
1122 MIKOLE ST. 486 7753 (City) (State) 96 819 Honoluly Hi 96 819					
NAME OF PERSON RESPONSIBLE FOR PREPARING OF	RGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE			
JIII TOKULA		841-4635			
MAILING ADDRESS (Street)		841-403 S			
MAILING ADDRESS (Street)	E 57.	841 4034			
	(State) (Zip 9680	Code)			

D45-	W DESCRIPTION				
PART	III DESCRIPTION	OF SUBJECTS UPON WHICH	I YOU EXPECT TO LOBBY		
	Agriculture	Education	Human Services	Science, Technology & Economic Development	
	Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations International Affairs	, Tourism & Recreation	
	Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation	
	Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)	
1/	Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		
PART	IV CERTIFICATION	N OF LOBBYIST			
			to the heat of my knowledge	correct and complete	
l '	nereby certifyinat the	information furnished above is	s, to the best of my knowledge	, correct and complete.	
	- Mrch	D. MURIN	21,	3106	
		(Signature of Lobbyist)		(Date)	
Next					
PART	V AUTHORIZATIO	N TO LOBBY			
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
THE STATE OF A SERVICE THE SER					
NAME OF ORGANIZATION of applicable) NAME OF ORGANIZATION of applicable) Tel EPHONE					
NAME	OF ORGANIZATION of app	plicable) / /	Т	ELEPHONE	
	Reynold	s leading	Fre	487-2802	
MAILING ADDRESS (Street)					
1/22 Mikole 57.					
(City) (State) (Zip Code)					
Honolulu: Hi 96819					
1 /	hereby authorize the	above - named person to enga	ige in lobbying activities on be	half of the undersigned.	
Just 6- July 2-13-06					
	<i>-11.</i>	Mer 6- July		2-13-06	